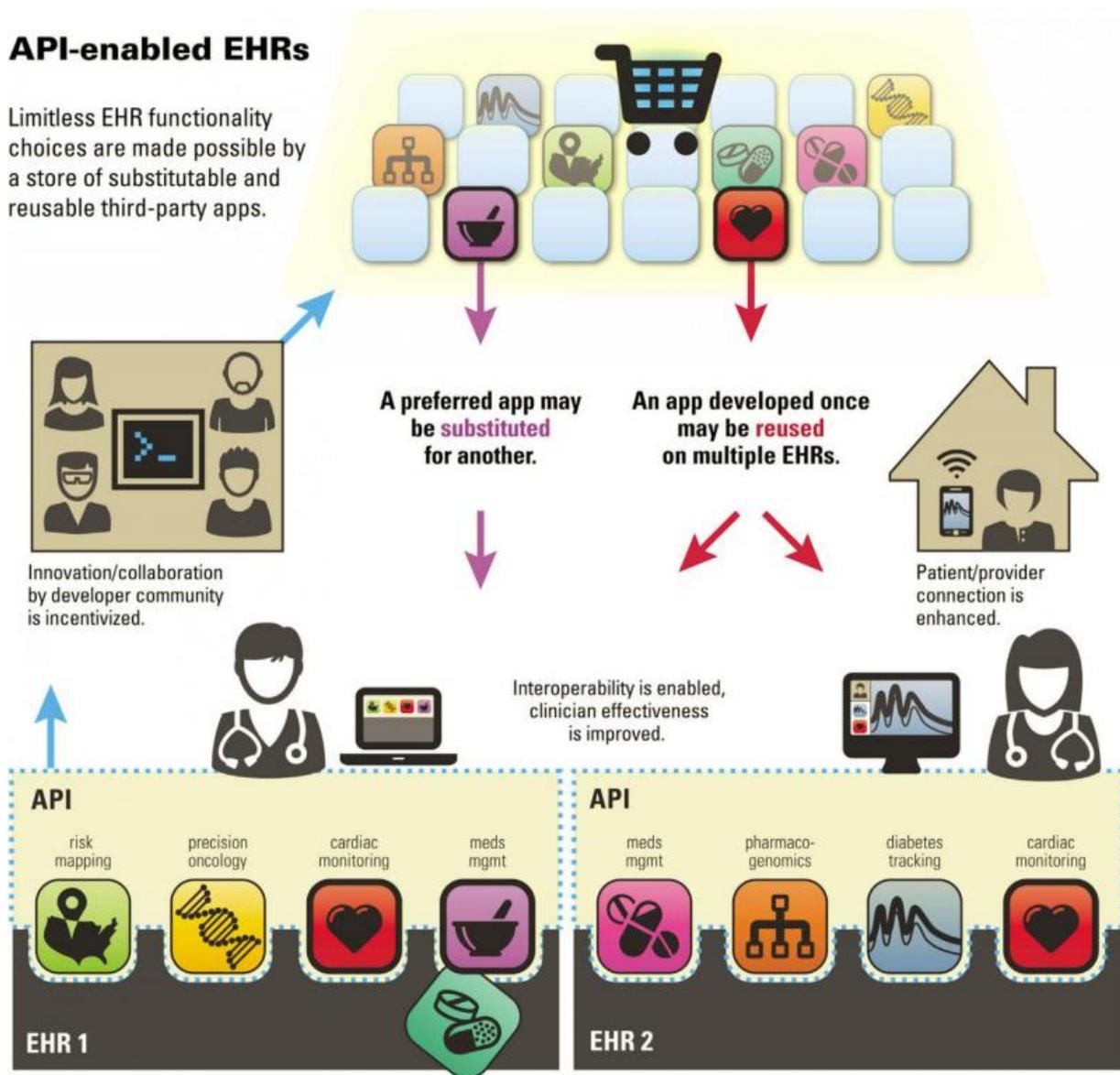


Your phone knows how many steps you take per day, shouldn't your doctor?

June 11 2015

API-enabled EHRs

Limitless EHR functionality choices are made possible by a store of substitutable and reusable third-party apps.



An ecosystem of apps supported by a uniform public application programming interface for healthcare data. A third party app written once can run anywhere. The app can be reused on multiple EHRs and other forms of health information technology. The end user can select apps from a gallery or "app store" and, just as on a smart phone, one app can be readily substituted for another. Credit: Mandl et al./*Cell Systems* 2015

The rise of health apps has made it possible to chart your steps, heartbeat, and sleep patterns, but the availability of this constant stream of information has yet to reach patient electronic health records. In a commentary published on June 11 in *Cell Systems*, Harvard researchers argue that these mobile devices could rapidly reshape the practice of medicine. The first steps though will be creating standards that can enforce cross-platform communications.

These next-generation software tools could also reduce healthcare costs and advance national efforts in the United States. President Obama declared the development of [personalized medicine](#) a priority in his 2015 State of the Union Address. While most initiatives are focused on sequencing patient genomes, Ken Mandl, Isaac Kohane, and Joshua Mandel of Boston Children's Hospital and Harvard Medical School argue that an individual's genetic information could be put to even better use if it was linked to app-fueled, electronic health record systems.

"How will the innovations from the President's initiative reach the doctor and the patient, and how will the new data types needed for [precision medicine](#) be integrated into medical decision making?" write the authors. "Electronic health records are not designed for storage or display of genomic data nor for the computation that will no doubt be needed to eventually tailor therapy to a patient's genome."

One problem is that current electronic [health record](#) systems do not support standardized interfaces for accessing data contained within them. As a result, it is time consuming and costly to develop tools for using these data to improve healthcare, and the resulting tools, and the best practices they embody, can be difficult to transfer between clinics.

The authors outline how recent collaborations between major hospitals, technology vendors, federal committees, and industry organizations are accelerating the adoption of standard application programming interfaces for reading and writing data from [electronic health](#) record systems.

"A good app, distributed widely, could reshape practice overnight," they write. "An innovator's idea, whether to improve care through precision medicine or through payment reform, becomes implementable at the point of care across the healthcare system. Agreement on, implementation of, and adherence to a standard, public, free, and open API will promote a new form of interoperability transforming healthcare into a modular plug and play system, dramatically increasing the rate of progress while reducing the cost of change."

More information: *Cell Systems*, Mandl et al.: "Driving Innovation in Health Systems through an Apps-Based Information Economy"
[dx.doi.org/10.1016/j.cels.2015.05.001](https://doi.org/10.1016/j.cels.2015.05.001)

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